



PLUMBING CONTRACTOR & MEDICAL GAS REGISTRATION

NEW RENEWAL
Type: PL M.G.
Contractor # _____

Form must be completely filled out in order to be accepted for registration

Original Registration: The RMP must appear in person at 320 E. Jefferson Blvd. Room 105, Dallas 75203 and furnish (1) This original completed form, (2) The RMP'S current TSBPE Master Pocket license, (3) The RMP'S approved photo identification.

Renewal Registrations: Renewals may be processed in person by the license holder at any Building Inspection office, or online through the RMP's Dallas contractor's webpage. All documents listed required on the original registration shall be provided for each renewal. If not renewing in person, this document must be notarized.

To comply with provisions of the Plumbing License Law and Board Rules, the RMP's credentials will be verified on the TSBPE website.

Please note: All plumbing or medical gas certificates of registration expire when the state license or certificate of insurance expires. Pursuant to the City Code, application is hereby made for registration as a Plumbing Contractor.

All information must be complete (Do Not Use "Same")

Company Information

Date: ___ / ___ / ___ State License# M _____ Expiration Date: _____ / _____ / _____

Certificate of Insurance Expiration Date: _____ / _____ / _____ Contr. # _____

Name of Company: _____

Company Address: _____

Number Street City State Zip

Mailing Address: _____

Number Street City State Zip

Phone Number: (_____) _____ Fax Number: (_____) _____

If company is located within the city limits of Dallas provide one of the following:

C.O. # _____ Home Office Form on File _____ Yes _____ No

Responsible Master Plumber Information:

Name: _____ Home Phone#: (_____) _____

Home Address: _____

Number Street City State Zip

Driver's License Number: _____ E-Mail Address: _____

Personnel authorized by the Responsible Master Plumber to sign permits on the behalf of the Responsible Master Plumber. RMP Shall Be Listed First. Please limit additional personnel.

- | | Name | (LIMIT TO 4 DIGITS OR LESS) PIN # |
|----|-----------|-----------------------------------|
| 1. | RMP _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Responsible Master Plumber is responsible for adding and removing authorized personnel to this list who are authorized to sign for permits.

By signing this application for registration, I am certifying that I am in full compliance with the Texas State Board of Plumbing Examiners (TSBPE) Plumbing Licensing Law and Board Rules as a Responsible Master Plumber.

I do depose and say the above information is true and correct.

SIGNED X _____
Signature of Responsible Master Plumber

Registration Clerk/Notary Public _____
(Must Be Signed by Registration Clerk or Notarized)

Sworn to me before this _____ Day of _____ 20_____

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH. A RECORD CHANGE FEE OF \$30.00 SHALL APPLY